

POSITION	INITIAL	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.R.P.E. CLASSIFIER</b>		48	11/13/00
<b>FORMALITY REVIEW</b>		(05955)	12/21
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	6/12/00
2	13/02/00
3	2/20/00
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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